

STATEMENT OF ECONOMIC INTERESTS

RECEIVED  
Date Received  
Official Use Only

MAR 25 2013

City of Barstow  
City Clerk's Office

Please type or print in ink.

NAME OF FILER

(LAST)

Silva

Timothy

R

1. Office, Agency, or Court

Agency Name

City of Barstow

Division, Board, Department, District, if applicable

City Council

Your Position

Mayor Pro Tem

► If filing for multiple positions, list below or on an attachment.

Agency: (see attachment)

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Multi-County

☒ City of Barstow

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.

-or-

The period covered is through December 31, 2012.

☐ Assuming Office: Date assumed

☐ Leaving Office: Date Left (Check one)

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ The period covered is through the date of leaving office.

☐ Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 8

☒ Schedule A-1 - Investments - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule B - Real Property - schedule attached (2)

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed 03/25/2013

(month, day, year)

Continuation of Extended Form 700

(Timothy R. Silva)

***Section #1. Office, Agency, or Court***

Expanded Statement - List Agency / position

**Agency:** **City of Barstow**

**Position/Title:** Mayor Pro Tem

**Agency:** **Barstow Fire Protection Board**

**Position/Title:** Chairman

**Agency:** **Successor Agency**

**Position/Title:** Mayor Pro Tem

**Agency:** **Joint Powers Authority – Solid Waste**

Alternate Board Member

**Agency:** **Mojave Desert Air Quality District**

**Position/Title:** Alternate Board Member

**SCHEDULE A-1****Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Timothy R. Silva

▶ NAME OF BUSINESS ENTITY  
Edward Jones

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
College Fund

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
ACQUIRED      DISPOSED

Comments: \_\_\_\_\_

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Timothy R. Silva

**▶ 1. BUSINESS ENTITY OR TRUST**

**RADS LLC**

Name

P O Box 2030, Barstow, CA 92312

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☒ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/12    \_\_\_\_/\_\_\_\_/12  
ACQUIRED    DISPOSED

NATURE OF INVESTMENT

☒ Partnership    ☐ Sole Proprietorship    ☐ Other

YOUR BUSINESS POSITION President

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

☐ \$0 - \$499

☐ \$10,001 - \$100,000

☐ \$500 - \$1,000

☐ OVER \$100,000

☐ \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

☐ None

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/12    \_\_\_\_/\_\_\_\_/12  
ACQUIRED    DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_  
Yrs. remaining

☐ Other \_\_\_\_\_

☐ Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/12    \_\_\_\_/\_\_\_\_/12  
ACQUIRED    DISPOSED

NATURE OF INVESTMENT

☐ Partnership    ☐ Sole Proprietorship    ☐ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

☐ \$0 - \$499

☐ \$10,001 - \$100,000

☐ \$500 - \$1,000

☐ OVER \$100,000

☐ \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

☐ None

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/12    \_\_\_\_/\_\_\_\_/12  
ACQUIRED    DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_  
Yrs. remaining

☐ Other \_\_\_\_\_

☐ Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_



**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name Timothy R. Silva - b2

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 2025 Barcelona Circle	
CITY Barstow, CA. 92311	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/12      ____/____/12 ACQUIRED      DISPOSED
NATURE OF INTEREST <input checked="" type="checkbox"/> Ownership/Deed of Trust <input type="checkbox"/> Easement <input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> _____ Other	
IF RENTAL PROPERTY, GROSS INCOME RECEIVED <input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. <input type="checkbox"/> None David Wallace	

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS Buckthorn Avenue (APN 0183-111-45)	
CITY Barstow, CA. 92311	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/12      ____/____/12 ACQUIRED      DISPOSED
NATURE OF INTEREST <input checked="" type="checkbox"/> Ownership/Deed of Trust <input type="checkbox"/> Easement <input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> _____ Other	
IF RENTAL PROPERTY, GROSS INCOME RECEIVED <input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. <input type="checkbox"/> None	

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* State Bridge Company, LLC	
ADDRESS (Business Address Acceptable) 4600 S/ Syracuse St. #700	
BUSINESS ACTIVITY, IF ANY, OF LENDER Mortgage Banking	
INTEREST RATE 5.25% <input type="checkbox"/> None	TERM (Months/Years) 30/360
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000 <input type="checkbox"/> Guarantor, if applicable	

NAME OF LENDER*	
ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF LENDER	
INTEREST RATE ____% <input type="checkbox"/> None	TERM (Months/Years) _____
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 <input type="checkbox"/> Guarantor, if applicable	

Comments:

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name Timothy R. Silva

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

GEM Mortgage

ADDRESS (Business Address Acceptable)

1200 Discovery Dr. 3rd Floor, Bakersfield, CA 93309

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Mortgage Banking

YOUR BUSINESS POSITION

Branch owner

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☒ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_ %      ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

# SCHEDULE D

## Income – Gifts

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Timothy R. Silva

► NAME OF SOURCE (Not an Acronym)

Colantuono & Levin, P.C.

ADDRESS (Business Address Acceptable)

300 S. Grand Avenue, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/20/13	\$ 79.36	Dinner at League Conf
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: